Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 22, 2009

Gary Blatnick Director Del Norte County Health & Human Services 206 Williams Drive Crescent City, CA 95971

Dear Mr. Blatnick:

AUDIT REPORT - DEL NORTE COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Del Norte County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 835,153	\$ 824,625	\$ (10,528)
Federal Share of Healthy Families	\$ 2,865	\$ 905	\$ (1,960)
State General Funds EPSDT Due State	\$ 147,364	\$ 142,952	\$ (4,412)

Gary Blatnick, Director January 22, 2009 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GICINER, Supervisor Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

					Audit		
			As Settled		Adjustments		As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>							
PROGRAM COSTS							
COUNTY PROVIDERS							
MEDI-CAL - FFP	(Sch. 2a)	\$	752,121	\$	(10,685)	\$	741,436
HEALTHY FAMILIES - FFP	(Sch. 2a)		2,865		(1,960)	_	905
TOTAL FFP - COUNTY PROVIDERS		s	754,986	\$	(12,645)	\$_	742,342
CONTRACT PROVIDERS							
MEDI-CAL - FFP		\$	83,032	\$	157	\$	83,189
HEALTHY FAMILIES - FFP			0		0		0
TOTAL FFP - CONTRACT PROVIDERS	.	\$	83,032	· \$	157	\$_	83,189
TOTAL PER COLLEGE DI LIG CONTRA	OT DROLLDENG						
TOTAL FFP - COUNTY PLUS CONTRA MEDI-CAL - FFP	CT PROVIDERS	s	025 162	e	(10.629)	•	924 (25
HEALTHY FAMILIES - FFP		•	835,153 2,865	3	(10,528) (1,960)	3	824,625 905
	OT DD OLEMPED O			·		_	
TOTAL FFP - COUNTY PLUS CONTRA	C1 PROVIDERS	2	838,018	່ >≂	(12,488)	, ⊅=	825,531
SUMMARY OF STATE GENERAL FUND)S						
	_						
EPSDT - SGF	(Sch. 4)	•	147,364	\$	(4,412)	æ	142,952
DI DOI - DOI	(DCII. 4)	* ==	17,304	: "≔	(4,412)	: ″=	174,732

DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

COUNTY OPERATED FEDERAL							
					Audit		
		_	As Settled		Adjustments	_	As Audited
Total Medi-Cal Gross Reimbursement					_	_	_
Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0 :	\$	0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		1,293,070		(21,061)		1,272,010
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		1,224		(58)		1,166
Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	4,408		(3,106)	_	1,302
9. Total		\$_	1,298,702	. ^{\$} .	(24,224)	\$_	1,274,478
Less: Patient & Other Payor Revenues							
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		13,441		0		13,441
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		. 0		0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18. Total	, ,	\$_	13,441	\$	0	\$_	13,441
Medi-Cal Net Reimbursement for Direct Services							
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		1,280,853		(21,118)		1,259,735
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24. Healthy Families-O/P	(Ln 8 - Ln 17)		4,408		(3,106)		1,302
25. Total	,	\$_	1,285,261	_ _ \$	(24,224)	s_	1,261,037
Medi-Cal MAA Reimbursement							
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	s	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0	-	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		0		0
29. Total	(manners, Die 15, Oth A)	΄ ͺ-		- s	0	٠-	0
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DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL					Audit		
			As Settled		Adjustments		As Audited
Amount Negotiated Rates Exceed Cost		_				_	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0	_	0	_	0
36. Total		\$	0	\$_	0	s _	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	230,370	\$	20,371	\$	250,741
38. Medi-Cal Administration	(MH 1979, Ln 5)	s	89,055	s -	(414)		88,641
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	89,055	\$_	(414)	_	88,641
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lin	m: (MII1070 In 9)	¢	441	æ	(311)	¢	130
41. Healthy Families Administration	(MH1979, Ln 9)	ું ~	0	-	91	_	91
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	°		`\$	91	-	91
72. Readily Faithles Administrative Reinfold sement	(Lower of Lit 40, Lit 41)	-		· " =		" =	71
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	-	33,421	. \$	1,044	· \$ _	34,465
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ ==	0	\$ <u>_</u>	0	\$_	0
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	681,732	\$	(11,224)	\$	670,509
46. Enhanced (Children)	(MH1979, Ln 17,17A)		796		(37)		758
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		44,528		(207)		44,321
50. U.R. Skilled Professional	(MH1979, Ln 14)		25,066		783		25,849
51. U.R. Other	(MH1979, Ln 15)		0		0		0
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP		\$_	752,121	. \$_	(10,685)	\$_	741,436
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0		0		0
56. Total SD/MC Reimbursement - FFP		\$	752,121	\$	(10,685)	\$	741,436
Net Healthy Families Reimbursement - FFP		-				-	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	2,865	\$	(2,019)	\$	846
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	-	0	-	0		0
59. Administrative Reimbursement	(MH1979, Ln 10)		0		59		59
60. Total Healthy Families Reimbursement - FFP	·	s_	2,865	- s <u>-</u>	(1,960)	. .	905
61. Total - FFP (Ln 56 + Ln 60)		\$_	754,986	\$.	(12,645)	. \$_	742,342 (To Sch. 1)
							(10 001, 1)

SCHEDULE 3

DEL NORTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity Number		(\$) Medi-Cal and Crossover Gross Cost (MH 1988,	Enhanced - Children Gross Cost INP (MH 1968,	(MH 1968,	Total Gross Cost (Excl. HFP) ENT (Col. 1 to 3)	(5) Healthy Families Gross Cost (MH 1968,	Medi-Cal and Crossover Gross Cost (MH 1968,	(MH 1968,	(B) Enhanced - Refugees Gross Cost P A 1 L (MH 1968,	Total Gross Cost (Excl. HFP) ENT (Col. 6 to 8)	Healthy Families Gross Cost (MH 1968.
	Families First Remi Vista Inc	Ln 5, 5A, 10,10A) \$			\$ 0 0 5 5 0 0 5 5 0 0 5 5 0 0 5 5 5 0 0 5		\$ 129,036 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0		Ln 22) 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	27,888 \$ 129,036 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	Cn 27, 27A) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	GRAND TOTAL	\$ 0 \$ \$ 0 \$ \$0 \$	0 \$	0 9	0	0	\$ 0 \$ \$ 0 \$	0 \$	0 \$ 0 \$	0 \$ 0 \$ 156,924 \$, , ,

DEL NORTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity <u>Number</u>	<u>Legal Entity</u>		(\$1) Total Revenue Excl. HFP) E. N. P. A. T. (MH 1968, .n. 28 to 30)	Healthy Familles Revenue E N T (MH 1968, Ln 31)	Total Revenue (Excl. HFP) GUTPA (MH 1968, Ln 28 to 30)	(14) Healthy Familles Revenue 打正小子 (MH 1968, Ln 31)	(16) Total Net Cost (Excl. HFP) INPA (Col 4-11)	Net Cost Healthy Families T I E N T (Col 5-12)	Total Net Cost (Excl. HFP) O U T P (Col 9-13)	Net Cost Healthy Families A T I E A T (Col 10-14)	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00120	Families First	\$	0 \$	0 \$	0 \$	0 \$	0 9	0 9			0
00874	Remi Vista Inc	\$	0 \$	0 \$	0 \$	0 \$	0 \$,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
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c	GRAND TOTAL	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	156,924	0 \$	0

DEL NORTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

The state of the s

		(20)	(21)	(22)	(23)	(24)	(26)	(26)	(27)	(28)
Legal Entity	A controller	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement	Healthy Families Relmbursement	Total Reimbursement	FFP Contract	Lower of FFP or Contract Maximum
Number	Legal Entity	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	A T 3 E N T (MH 1968, Ln 40, 40A)	(FFP) (MH 1979, Line 21)	(FFP) (MH 1979, Ln. 27)	(FFP) (Col. 24 + 25)	Maximum	maximum
00120	Families First	\$ 0	\$ 0 5	0 :	0	14,864	\$ 0	\$ 14,864 \$	0 \$	14,864
	Remi Vista Inc		\$ 0			88,325	\$ 0	\$ 68,325		68,325
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	GRAND TOTAL	\$0	so_s	0 \$	0	83,189	0 :	83,189 \$	0_\$	83,189

(To Sch. 1)

DEL NORTE COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	1,437,482	(20,823)	1,416,659
(2) Total SD/MC Claims	1,521,544	0	1,521,544
(3) Percent % (Line 1/Line 2)	94.48%	-1.37%	93.11%
(4) EPSDT Claims	687,867	0	687,867
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	649,897	(9,447)	640,450
(6) Cost Settled Baseline for EPSDT	334,342	0	334,342
(7) Net Cost Settlement Amount (Line 5 - Line 6)	315,555	(9,447)	306,108
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	147,364	(4,412)	142,952
(8a) FY 2001-02 EPSDT Settlement	484,214	0	484,214
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net Cost Settlement Amount (L. 8 - 9)	147,364	(4,412)	142,952
(11) SGF Distribution (Settled and Audited)	147,364	0	147,364
(12) SGF Due County (State)	0	(4,412)	(4,412) (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors)

 Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provide	r DEL NORTE	COUN	TΥ		Provider Number 00008		No. of Adj,]	Fiscal F	eriod E 30, 20	
 	Report Ref		•••	T			As	 .	ncrease	1	
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS		Reported	1 '	(Decrease)		As Adjusted
				ADJUSTMENTS TO REPORTED COSTS]	
1 2	MH 1960 MH 1960	8 18	CC	ALLOWABLE COSTS FOR ALLOCATION MODE COSTS		\$ \$	2,150,667 1,964,632	\$	(21,728) (21,728)	\$ \$	2,128,939 1,942,904
[[To disallow costs not related to patient care (Transportation for CMS 15-1, Section 2102.3 and 2304.	Clients)						
3 4 5	MH 1960 MH 1960 MH 1960	9 10 11	C C C info	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ \$ \$ \$	89,055 - 46,215 135,270	\$ \$ \$	(414) 91 323	\$ \$ \$ \$	88,641 91 46,538 135,270
				To allocate total administrative cost among SD/MC, Healthy Fa Non SD/MC Administration based on the gross cost method pe of 65.5295% for SD/MC, 0.0670% for Healthy Families, and 34 Non SD/MC.	ercentages						
6 - 7	MH 1960 MH 1960 MH 1960	13 14 15	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ \$ \$	33,421 - 17,344 50,765	\$ \$ \$	1,044 - (1,044)	\$ \$ \$ \$	34,465 - 16,300 50,765
				To allocate the Non SD/MC Utilization Review portion related to Other SD/MC Utilization Review using the audited gross cost p. 67.8911% for SD/MC and 32.1089% for Non SD/MC.							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provide	r DEL NORTE	COUN	ΤΥ		Provider Number 00008	٨	lo. of Adj. 41		Fiscal P June	eriod E 30, 20	
	Report Refe		<u>··</u>		l		As	ir	ncrease		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS		Reported		ecrease) Adju		Adjusted
				ADJUSTMENTS TO REPORTED MODES OF SER	RVICE						
8 9 -	MH 1964 MH 1964 MH 1964 MH 1964	4 5 6 8	1 1 1 1 info	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM OUTREACH SERVICES (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To adjust reported costs at the mode level in conjunction with A 1 and 2. The adjustments reflect the RVS method of aflocation	Adjustments	\$ \$ \$ \$ \$ \$ \$	268,724 1,630,243 38,665 27,000 1,964,632	\$ \$	(3,343) (18,385) - - (21,728)	\$ \$ \$ \$ \$	265,381 1,611,858 38,665 27,000 1,942,904
				ADJUSTMENTS TO REPORTED GROSS COS	<u>I</u>						
10 11	MH 1966A MH 1966A	3 3		SERVICE FUNCTION 10/91 SERVICE FUNCTION 10/95		\$ \$	86,345 182,379	\$ \$	(1,074) (2,269)	\$ \$	85,271 180,110
12 13 14 15	MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3		MODE 15 - PROGRAM 1 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70		\$ \$ \$	146,970 610,676 468,151 252,089	\$ \$ \$	(1,828) (7,598) (5,824) (3,136)	\$ \$ \$ \$	145,142 603,078 462,327 248,953
				To adjust the Medi-Cal reported gross cost at the service functic conjunction with Adjustments 8 and 9 using the RVS method o	ion level in f allocation.						
		ı									
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provide	er				Provider Number	No. of Adj.		iod Ended
	DEL NORTE	COUN	TY	<u>, , , , , , , , , , , , , , , , , , , </u>	80000	41	June 30	0, 2004
	Report Ref	erence			_	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>rs</u> 2			
16 17 18 19 - -	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/tir county operated facilities to agree with the State DMH Approve Report dated February 26, 2008. Above adjustments include in Copies of workpapers detailing adjustments by service function been provided to the County.	ed Claims Phase II.	152,889 455,094 3,159 13,192 867 - 134 1,765 627,100	(732) (1,547) (136) (53) - - - - (2,468)	152,157 * 453,547 * 3,023 * 13,139 * 867 * 134 * 1,765 * 624,632 * 1
20 21 22 23 24 25 26 27	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the SD/MC units of service/time per the State DMH // Claims Report to the county's records. Above adjustments incl Copies of workpapers detailing adjustments by service function been provided to the County.	lude Phase II.	** 152,157 ** 453,547 ** 3,023 ** 13,139 ** 867 ** - ** 134 ** 1,765 ** 624,632	732 1,547 136 53 (867) 1,540 (134) 2,174 5,181	152,889 * 455,094 * 3,159 * 13,192 * 1,540 * 3,939 * 629,813 *
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide	r DEL NORTE	COUN	ΓY		Provider Number 00008	No. of Adj. 41	*	iod Ended 0, 2004
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
28 29 30 31 32 33 - 34	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Above ac include Phase II. Copies of workpapers detailing adjustments functions have been provided to the county.	ljustments	** 152,889 ** 455,094 ** 3,159 ** 13,192 **	(732) (1,552) (136) (53) 782 (1,471) - (3,191) (6,353)	152,157 453,542 3,023 13,139 782 69 - 748 623,460
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
	DEL NORTE		TY		00008	41	June	30, 2004
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
1.0.		2110		ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS	<u>s.</u>			
- 35	MH 1966A MH 1966A	8 8A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/tin county operated facilities to agree with the State DMH Approve Report dated February 26, 2008. Copies of workpapers detailing adjustments by service function	ed Claims	62 75,185 75,247	- 111 111	62 * 75,296 * 75,358 *
36	MH 1966A MH 1966A	8 8A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the SD/MC units of service/time per the State DMH A Claims Report to the county's records. Copies of workpapers detailing adjustments by service function been provided to the County.		** 62 ** 75,296 ** 75,358	(111) (111)	62 75,185 75,247
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r DEL NORTE	E COUN	ΤΥ		Provider Number 00008	No. of Adj. 41	1	Period Ended 30, 2004
	Report Ref					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLE	MENT			
37	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS	REIMB	\$ 156,629	\$ 295	\$ 156,924
				To adjust reported Contract Provider Direct Medi-Cal Gross Reas a result of adjustments to the contract providers SD/MC unit service/time.				
38 39	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY		\$ 752,121 2,865 754,986		\$ 741,436 905 742,342
40	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT F TOTAL REIMBURSEMENT - CONTRACT PROVIDERS To adjust Total SD/MC Reimbursement (FFP) due to the adjus		\$ 83,032 0 83,032	\$ 157 - 157	\$ 83,189 0 83,189
41	Sch. 4	8	3	ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT TOTAL EPSDT SGF To adjust the State General Fund share of EPSDT as a result to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 1 Column C of the form MH 1979 of the audited County and cont cost reports.	of adjustments 7A, and 18,	\$ 147,364	\$ (4,412)	\$ 142,952
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: Del Norte County Mental Health County Code: 08

		
Α	В	C
Salaries		Total
and Benefits	Other	Costs
1,230,589	1,726,768	2,957,357
		<u> </u>
	(620,716)	(620,716)
	(198,674)	(198,674)
1,230,589	907,378	2,137,967
	(9,028)	(9,028)
		2,128,939
		88,641
		91
		46,538
		135,270
		34,465
		16,300
		50,765
		1,942,904
		2,128,939
	Salaries and Benefits 1,230,589	Salaries and Benefits Other 1,230,589 1,726,768 (620,716) (198,674) 1,230,589 907,378

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: Del Norte County Mental Health

County Code: 08

Legal Entity: DEL NORTE COUNTY	Α	В	С
Legal Entity Number: 00008	Salaries		Total
	and Benefits	Other	Adjustments
1 Depreciation expense		12,700	12,700
2 Transportation - Clients		(21,728)	(21,728)
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
[16]			
17			
18			
19			
20 Total Adjustments		(9,028)	(9,028)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **OTHER ADJUSTMENTS** MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: Del Norte County Mental Health

County Code: 08

County Code. 00			
Legal Entity: DEL NORTE COUNTY	A	В	С
Legal Entity Number: 00008	Salaries		Total
	and Benefits	Other	Adjustments
1 Transportation-clients		(39,670)	(39,670)
2 Support and Care		59,812	59,812
3 Interest expense		3,356	3,356
4 Managed Care Offset		(120,752)	(120,752)
5 A-87 costs		5,926	5,926
6 Cost report payback		(107,316)	(107,316)
7 Professional services		(30)	(30)
8_			
9			
10			
11			
12			
13			
14			
15			
16		-	
17			
18			
19			
20 Total Adjustments		(198,674)	(198,674)
20 Total Aujustilients		(130,074)]	(190,074)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: Del Norte County Mental Health

County Code: 08

	Legal Entity: DEL NORTE COUNTY	A
Le	gal Entity Number: 00008	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,942,904
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	265,381
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,611,858
6	Outreach Services (Mode 45)	38,665
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	27,000
9	Total - Lines 2 through 8	1,942,904

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

| Wudits MGDel Note_As Audited 03-04 Cost Reads y Non-Medi-Cal Costs

	County Code: 08			CR	CR				
	Legal Entity: DEL NORTE COUNTY		A	B	C	D	E	F	G
Legal Er	ntity Number: 00008		ł <u>-</u>	Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
1	cation Percentage		100.00%	91 32.13%	95 67.87%		 	 	
	al Units		100.00%	1,531	2,762		 	+	
	es Cost		265,381	85,271	180,110			 -	
DESCRIPTION	\$6999999999999999999999999999999999999	00000000000000000000000000000000000000		<u>ACCORDANG PROCESS</u>	0000000000000	STREET,			KIO BIR GORDO
	t per Unit A per Unit			55.70 76.20	65.21 118.94		 -	 	├
	lished Charge per Unit			60.30	70,60		 	 	
	otlated Rate / Cost per Unit			90.50	70.50			 	
HARRIE HARRIE		07/04/02 00/02/02			700	riversages especially		000000000000000000000000000000000000000	1000000000
8 Med	di-Cal Units	07/01/03 - 09/30/03		4 430	732			 	
8A 1116		10/01/03 - 06/30/04		1,476	1,936				
9A Med	dicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03 10/01/03 - 06/30/04					 		├
10		07/01/03 - 09/30/03						 	 -
10A Enh:	anced SD/MC (Children) Units	10/01/03 - 06/30/04						 -	
	anced SD/MC (Refugees) Units	07/01/03 - 06/30/04					 	 	
11		07/01/03 - 09/30/03						 	
Heal	Ithy Families (SED) Units	10/01/03 - 06/30/04							
	-Medi-Cal Units	10/01/00 - 00/30/04		55	94			 	
10000 10000	management and the second seco				RESIDENTIAL PROPERTY	<u> </u>	antikon kitaning	250000000000000000000000000000000000000	55 mars (m. 194
13 Med	li-Cal Costs	07/01/03 - 09/30/03	47,734		47,734			 -	
13A		10/01/03 - 06/30/04	208,454	82,208	126,247			 -	
14 Medi	li-Cal SMA Upper Limits	07/01/03 - 09/30/03	87,064		87,064				
14A		10/01/03 - 06/30/04	342,739	112,471	230,268				
15 Medi	li-Çal Published Charges	07/01/03 - 09/30/03	51,679		51,679		L	 _	
15A		10/01/03 - 06/30/04	225,684	89,003	136,682				
16 Medi	edi-Cal Negotiated Rates	07/01/03 - 09/30/03	<u> </u>					 -	
16A		10/01/03 - 06/30/04	10.000000000000000000000000000000000000	000000000000000000000000000000000000000	*************	dan sanasa dan sana		()	all the second district th
17	licare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A Medi	icare/medical crossover costs	10/01/03 - 06/30/04							
18	licare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A Medi	icare/medi-Cai Crossover SMA Opper Limits	10/01/03 - 06/30/04							
19	icare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	icare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A ""EU	icare/ivedi-car crossover fregoriated frates	10/01/03 - 06/30/04							
21		07/01/03 - 09/30/03	-101-101-101-101-101-101-101-101-101-10	31-104-14-14-14-14-14-14	120111111111111111111111111111111111111		*****************	100000000000000000000000000000000000000	<u> </u>
Enha	anced SD/MC Costs	10/01/03 - 06/30/04							<u> </u>
22		07/01/03 - 09/30/03							
Enha	anced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
23		07/01/03 - 09/30/03							
Enha	anced SD/MC Published Charges	10/01/03 - 06/30/04							<u> </u>
24	12571211 11 15 1	07/01/03 - 09/30/03							
Enha	anced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
Gir gones	anned SD/MC (Refugees) Cooks	0.0000000000000000000000000000000000000	***************************************			0880000000000		<u>and or a construction</u>	88051CQQD88
		07/01/03 - 06/30/04	——					ļ	
		07/01/03 - 06/30/04	———-						<u> </u>
	anced SD/MC (Refugees) Published Charges								
28 Enha	anced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					namanananan	and the second	BB 100 B 100 L 100 L
29	thy Families Costs	07/01/03 - 09/30/03							
29A Hear	uty ratifices Costs	10/01/03 - 06/30/04							
30 400		07/01/03 - 09/30/03							
BOA Hear		10/01/03 - 06/30/04							
24		07/01/03 - 09/30/03							
B1A nean		10/01/03 - 06/30/04							
32		07/01/03 - 09/30/03							
ZA riear		10/01/03 - 06/30/04	$\overline{}$						
		and the same and the same and the same and	establishment to the state of	anamananan i	arrania marakan mar		0.000		880000000000000000000000000000000000000

3,063

9,193

CAW

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

CR

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CR

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FISCAL YEAR 2003 - 2004

CAW

County: Del Norte County Mental Health County Code: 08

									
<u> </u>	Legal Entity: DEL NORTE COUNTY		Α	В	C	D	E	F	G
Leg	al Entity Number: 00008	<u> </u>		Service	Service	Service	Service	Service	Service
<u> </u>	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
<u> </u>	**************************************			01	30	60	70	01	30
1_	Allocation Percentage		100.00%	9.20%	38.24%	29.32%	15.79%	1.06%	3.90%
2	Total Units			123,731	466,375	174,404	120,326	14,092	46,934
3	Gross Cost		1,576,944	145,142	603,078	462,327	248,953	16,739	61,456
4	Cost per Unit	<u>annantananananana</u>		1.17	1.29	2.65	2.07	1.19	1.31
-	SMA per Unit			1.83	2.36	4.37	3.52	1.83	2.36
6	Published Charge per Unit			1.27	1.40	2.87	2.24	1.27	1.40
7-	Negotiated Rate / Cost per Unit			1.21	1.40		2.24	<u></u>	
12333	resolución rate / Cost per Cim	200000000000000000000000000000000000000		NAMES OF THE PARTY	10101010101010101010101	0000000000	a a sa a a a a a a a a a a a a a a a a		enggangana
8	Medi-Cal Units	07/01/03 - 09/30/03		19,172	91,493	25,952	14,588		
8A	medical onlis	10/01/03 - 06/30/04		62,043	238,159	85,555	52,652		
9		07/01/03 - 09/30/03				3,023			
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04				13,139			
10	- 	07/01/03 - 09/30/03		232	550				
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04				69			
	Enhanced CO/MC (Befugges) Units								
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04		91	364	203	90		
12	Non-Medi-Cal Units			42,193	135,809	46,463	52,996	14,092	46,934
13		07/01/03 - 09/30/03	239,779	22,490	118,311	68,796	30,182	nacional de la constantina della constantina del	<u></u>
13A	Medi-Cal Costs	10/01/03 - 06/30/04		72,779	307,968		108,936		
			716,481			226,798			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	415,768	35,085	215,923	113,410	51,350		
14A		10/01/03 - 06/30/04	1,234,804	113,539	562,055	373,875	185,335		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	259,598	24,348	128,090	74,482	32,677		
15A		10/01/03 - 06/30/04	775,701	78,795	333,423	245,543	117,940	1	
16	Madi Cal Nametistad Rates	07/01/03 - 09/30/03							
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
2000	<u>មានប្រជាពលរដ្ឋបានបានបានបានបានបានបានបានបានបានបានបានបានប</u>	<u>46600460000000000000000000000000000000</u>	and de	<u> </u>	- ១៦១១១១១១១១១១	DESCRIPTION OF	onejonorejo onejo o	00000000000	and an open or a
17	edicare/Medi-Cai Crossover Costs	07/01/03 - 09/30/03	8,014			8,014			
17A		10/01/03 - 06/30/04	34,830			34,830			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	13,211			13,211	1	i	
18A	thousand mountain of the control of the opportunities	10/01/03 - 06/30/04	57,417	i		57,417			
19	Madiana/Madi Cal Cresseres Bublished Charmen	07/01/03 - 09/30/03	8,676			8,676			
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	37,709			37,709			
20		07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
201.01	<u>ក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុម</u>	**************		tions the operation of		39 32 29 29 29 3 SE	របប់ពេលបំណាលប្រធាន ន	000000000000	<u>angana se</u> asana
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	983	272	711				
21A		10/01/03 - 06/30/04	183			183	1	1	
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	1,723	425	1,298				
22A	Emigriced Splato Salv Obber Filling	10/01/03 - 06/30/04	302			302			
23	E-b DD040 D-LV	07/01/03 - 09/30/03	1,065	295	770				
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	198			198		+	
24		07/01/03 - 09/30/03							
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04		+		 +	 +		
10.22	***************************************	व्यक्तस्य व्यक्तस्य स्थानस्य स्	10000000000000000000000000000000000000		HORDEH SIGNAL I	NAMES AND ADDRESS OF		1515111511511511511 <u>511</u> 15	and the second
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
327333	<u>៰៰៰៰៶៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰៰</u>	***************	2245224500000000000000	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CONTRACTOR OF S	Rickstonersch	<u>apanaganaga</u>	equality participation	otavoniaros
29	Healthy Families Costs	07/01/03 - 09/30/03		1					
29A		10/01/03 - 06/30/04	1,302	107	471	538	186		
30	Haalthy Camilian CMA Hanna Limite	07/01/03 - 09/30/03							
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	2,229	167	859	887	317		
24		07/01/03 - 09/30/03							
31A	Healthy Families Published Charges	10/01/03 - 06/30/04	1,409	116	510	583	202		
27		07/01/03 - 09/30/03		- ''0					
32A	Healthy Families Negotiated Rates			+			+		
MAI		10/01/03 - 06/30/04							
	**************************************				***********	A CONTRACTOR OF THE PARTY OF TH			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Del Norte	County Mental Health		
County Code: 08		CAW	CAW

County Code: 08		CAW	CAW					
Legal Entity: DEL NORTE COUNTY		H		J	K	L	M	N
Legal Entity Number: 00008		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function 60	Function 70	Function	Function	Function	Function	Function
1 Allocation Percentage		1.60%	0.89%			 	 -	
2 Total Units		9,379	6,717			 		
3 Gross Cost		25,176	14,072			-		
4 Cost per Unit		2.68	2.09	HARDON CONTRACTOR	HERRICALINATION	<u>agamananan</u>		NAMES OF PARTIES
5 SMA per Unit		4.37	3.52			 -		
6 Published Charge per Unit		2.87	2.24					
7 Negotiated Rate / Cost per Unit								
	07/01/03 - 09/30/03	380000000000000000000000000000000000000	in quantity and fi	anadarana nama	<u> </u>	16000000000000000000000000000000000000	(Commonwealth)	gerde <u>raganet</u> s
8A Medi-Cai Units	10/01/03 - 06/30/04						 	 -
0	07/01/03 - 09/30/03						 	
9A Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
40	07/01/03 - 09/30/03							
10A Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	07/01/03 - 09/30/03							
Healthy Families (SED) Units	10/01/03 - 06/30/04							
12 Non-Medi-Cal Units		9,379	6,717					
13	07/01/03 - 09/30/03			en alla esta esta esta esta esta esta esta est	<u> </u>	<u> Milandikon ganga</u>	<u> Bardarenberren</u>	Cramponistrate)
13A Medi-Cal Costs	10/01/03 - 06/30/04							
14	07/01/03 - 09/30/03						<u> </u>	
14A Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04							
15	07/01/03 - 09/30/03							
15A Medi-Cal Published Charges	10/01/03 - 06/30/04							
16	07/01/03 - 09/30/03							
16A Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
9000 000000000000000000000000000000000	59568866684566666668			**************	dental matter	REGERETATION OF THE PARTY OF TH		entergreen)
17 17A Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
10	07/01/03 - 09/30/03							
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
10	07/01/03 - 09/30/03							
19A Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20	07/01/03 - 09/30/03							
20A Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
3000 <u>000000000000000000000000000000000</u>	000000000000000000000000000000000000000	200000000000000000000000000000000000000	9000000000000	989699998	denadeanada a	1000000000000	0000000000000	(0000 <u>0</u> 0000
21 Enhanced SD/MC Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
22	07/01/03 - 09/30/03							
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	 +						
23	07/01/03 - 09/30/03	 +					<u> </u>	
23A Enhanced SD/MC Published Charges	10/01/03 - 06/30/04							
24	07/01/03 - 09/30/03							
24A Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	98,000,000,000,000	10.000.000.000.000.000	************	unananananinga	ananaahaanaa	avesavakajasa	00000000000000000000000000000000000000
25 Enhanced SD/MC (Refugees) Costs 26 Enhanced SD/MC (Refugees) SMA Upper Limits		 +						
			 +	 -				
28 Enhanced SD/MC (Refugees) Negotiated Rates								
<u> </u>	<u> Particular de la companya de la co</u>	190100000000000000000000000000000000000	***************************************	STREET,		989888888888888	**********	necession of
29 Healthy Families Costs	07/01/03 - 09/30/03	}	—_—→					
29A	10/01/03 - 06/30/04	∔	———					
30 Healthy Families SMA Upper Limits	07/01/03 - 09/30/03		——— 	I				
F	10/01/03 - 06/30/04							
31 Healthy Families Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
32	07/01/03 - 09/30/03							
Healthy Families Negotiated Rates	10/01/03 - 06/30/04	 +						
0000 3000000000000000000000000000000000				*************	Garage gravity		100500000000000000000000000000000000000	enana <mark>anna</mark>
33, Non-Medi-Cal Costs		25,176	14,072		1	i		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (09/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Del Norte County Mental Health County Code: 08		MHS	MHS	MHS	MHS		
Legal Entity: DEL NORTE COUNTY	_ A	В	С	D	E	F.	G
Legal Entity Number: 00008		Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)	Mode Total	Function	Function	Function	Function	Function	Function
		09	39	79	69	Function	
1 Allocation Percentage	100.00%	3.37%	43.44%	1.07%	52.12%		
2 Total Units		927	10,848	166	12,415		
		4 500.00					

Legal Entity: DEL N			<u>A</u>	<u> </u>		<u> </u>		<u> </u>	1 6
Legal Entity Number: 00008			J	Service	Service	Service	Service	Service	Servi
Mode: 15 - O	utpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Functi
			}	09	39	79	69		
1 Allocation Percentage			100.00%			1.07%	52.12%		T
			100:00 %	927	10,848	168	12,415	i	
			34.044	1,177		372	18,197		+
3 101088 0081	ani and and and an animal and an	an and a supplementation of the supplementati	34,914	1.177	1 15,106	312	10,197	and an interest of	
4 Cost per Unit				1.27	1.40	2.24	1.47		
				1.83	2.36	3.52	4.37		T
3 Published Charge per Ur	nit			 	 	- 			
Negotisted Pate / Cost n	er Unit				 				
Tregolialed Nate / Cost p	Name and the second sec				0.0000000000000000000000000000000000000	autem intervielen	Binistina Green		22444944
3 14 5 5 11 5		07/01/03 - 09/30/03			220				T
Medi-Cai Units		10/01/03 - 06/30/04		927	10,628	166			
		07/01/03 - 09/30/03			1-10,020	100	h		
	sover Units			 	 		 		├──
		10/01/03 - 06/30/04		 	├──		 		├ ──
		07/01/03 - 09/30/03		<u> </u>					<u> </u>
IOA LINGINGE OBJANO OTILIS		10/01/03 - 06/30/04		{	1	1	1	i '	1
OB Enhanced SD/MC (Refu	gees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03							
	Jnits			 	 		 		
		10/01/03 - 06/30/04			 	i	 		├ ──
2 Non-Medi-Cal Units				1			12,415		L.,
2	<u> </u>	07/01/03 - 09/30/03	308	The state of the s	308				100000000000000000000000000000000000000
							├		
13A		10/01/03 - 06/30/04	16,409	1,177	14,860	372	⊢ —— —↓		↓
4 Madi-Cal SMA Hoper Lin	olte	07/01/03 - 09/30/03	519	<u> </u>	519	L	L		<u> </u>
4A Medi-Car SMA Opper Ciri	ii(ə	10/01/03 - 06/30/04	27,363	1,696	25,082	584			_
5		07/01/03 - 09/30/03							1
	ges	10/01/03 - 06/30/04	<u> </u>		f				
				 	 		├─── ┤		
	26	07/01/03 - 09/30/03	 						 -
6A 		10/01/03 - 06/30/04							
	07/01/03 - 09/30/03	<u> </u>	301510101010101010101010	414141			heledelelelelelelelelelele		
Medicare/Medi-Cal Cross			 		 		 		
		10/01/03 - 06/30/04	 		 				
8 Madicare/Medi-Cal Cross	over CMA Upper I imite	07/01/03 - 09/30/03	L		L1				<u> </u>
8A	over Swin Opper Cirine	10/01/03 - 06/30/04	[]
		07/01/03 - 09/30/03							
	over Published Charges	10/01/03 - 06/30/04							
				 	 				├ ──
	over Negotiated Rates	07/01/03 - 09/30/03							├
UA	-	10/01/03 - 06/30/04	 		<u> </u>		 	****	
1 _	<u> </u>	07/01/03 - 09/30/03	<u></u>	1		***************************************			T
	ł		 		 				
		10/01/03 - 06/30/04			 				├
Enhanced SD/MC SMA I	Joper Limits	07/01/03 - 09/30/03	i		 				
2A	. p. p	10/01/03 - 06/30/04			Ll				
3	had Channer	07/01/03 - 09/30/03		_ 					
Total Units Gross Cost	10/01/03 - 06/30/04			 1					
4		07/01/03 - 09/30/03	; 		r - +				
Enhanced SD/MC Negoti	ated Rates		;	 	 				
4/4	animum ingganingan inggan anggan	10/01/03 - 06/30/04	annearan	harden and a second	opposition and the second	101000000000000000000000000000000000000	(SZEROSTO CONTRACTO	and and decident	40000000000
5 Enhanced SD/MC (Refuc	iees) Costs	07/01/03 - 06/30/04							[
					 				
				; 	 				
					├ ───- ∤				├ ──
8 Enhanced SD/MC (Refug	ees) Negotiated Rates	07/01/03 - 06/30/04		<u> </u>					
0	<u> </u>	07/01/03 - 09/30/03	<u> </u>	acareteratorersistatifiks		and a supplied to the supplied	PROPERTY OF THE PARTY OF THE PA	2414242424142414241522	**************************************
			,		j -				├
9 <u>A</u>		10/01/03 - 06/30/04							├
	 	07/01/03 - 09/30/03							L
A Healthy Families SMA Opper Limits	10/01/03 - 06/30/04							i	
	07/01/03 - 09/30/03								
— Heartov Families Publishe	d Charges	10/01/03 - 06/30/04			i		 +		
					r				├
Healthy Families Negotiat	ed Rates	07/01/03 - 09/30/03	l		ı————				
		10/01/03 - 06/30/04			<u>. </u>	1	1		
ZA									
2A			18,197	តារជនការការការជាការ	<u> </u>	<u> </u>	18,197		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Del Norte County Mental Health

	County Code: 08		CR	CR				
Γ	Legal Entity: DEL NORTE COUNTY	A	В	С	D	E	F	G
Le	gal Entity Number: 00008		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	_Function _	Function	Function
L			10	20				l
1	Allocation Percentage	100.00%	3,00%	97.00%				
2	Total Units		2,388	75,634			{	
3	Gross Cost	38,665	1,160	37,505				
4	Cost per Unit		0.49	0.50			AND THE PROPERTY OF THE PERSON NAMED IN	
5	Non-Medi-Cal Units		2,388	75,634			4999 129 90 90 90 90 90 90 90 90 90 90 90 90 90	
6	Non-Medi-Cal Costs	38,665	1,160	37,505	******************************	Caracacacacacacacacacacacacacacacacacaca		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Del Norte County Mental Health

	County Code: 08		CR	CR				
	Legal Entity: DEL NORTE COUNTY	A	В	С	D	E	F	G
Le	Legal Entity Number: 00008 Mode: 60 - Support		Service Function	Service	Service Function	Service	Service Function	Service
				Function		Function		Function
			20	30				
1_	Allocation Percentage	100.00%	20.00%	80.00%				
2	Total Units		2,960	51,800				
3	Gross Cost	27,000	5,400	21,600				
4	Cost per Unit		1.82	0.42	<u> </u>			
5	Non-Medi-Cal Units (Same as Line 2)		2,960	51,800	hadobaachdaa	anonna an an an an	200000000000000	
6	Non-Medi-Cal Costs (Same as Line 3)	27,000	5,400	21,600	_			

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

County: Del Norte County Mental He County Code: 08	ealth			DEIMBURGE	MENT TYPE	PC		Costs		1	Costs	t
Legal Entity: DEL NORTE COUNTY		REIMBURSEMENT TYPE				E	F G H					К
Legal Entity Number, 00008		_				Total				Total		Total
)	Mode 55 S. F.'s 11-19,		Total MAA	Inpatient	Mode 05-All		Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. 1 + Col. J)
		S, F := 01-09	31-39	S.F.'s 21-29	······································	Hospita!	Other	Mode 10	Program (1)	Program (2)	Program (2)	
1A Medi-Cal Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04	_					ļ	47.734	239,779 716,481	287.513	308	287.821
	07/01/03 - 09/30/03						 	208.454 87.064	415.768	924.936 502.832	16,409 519	941.345 503.352
2 2A Medi-Cal SMA	10/01/03 - 06/30/04							342.739	1.234,804	1.577.543	27,363	1,604,906
3 Medi-Cal P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04						 	51.679 225.684	259.598 775.701	311.277 1.001.385		311,277 1,001,385
4. Medi-Cal N. R.	07/01/03 - 09/30/03							225.004	779.701	1.001.303		1.007.360
AA MEURCANI, K.	10/01/03 - 06/30/04					anagamatan	0.0000000000000000000000000000000000000	0.000.000.000	and an arrangement			
5 Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03							47.734	239.779	287.513	308	287.821
5A Medi-Cal Gross Reimoursement	10/01/03 - 06/30/04					Haraca a paraca.	Mineral Policy	208.454	716,481	924,936	16,409	941,345
6 Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04								8.014	8,014		8.014
6A Medical Street Cal Constant Cost	07/01/03 - 09/30/03	-						 	34.830 13.211	34.830 13.211		34.830 13.211
7A Medicare/Medi-Cal Crossover SMA	10/01/03 - 06/30/04								57.417	57.417	***************************************	57.417
Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	-					 	<u> </u>	8.676 37.709	8.676 37,709		8,676 37,709
9 Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03								31.199	31,148		31.109
Medicare/Medi-Cal Crossover P. C. Medicare/Medi-Cal Crossover N. R. Medicare/Medi-Cal Crossover N. R. Medicare/Medi-Cal Crossover Gross Reim	10/01/03 - 06/30/04						and design designed		10000000000000	androperson		
10 Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03								8.014	8.014		8.014
10A	10/01/03 - 06/30/04					<u> </u>	900000000000	200000000000000	34,830	34,830	<u> </u>	34,830
11 Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04							47.734	247.793	295.527	308	295.834
	######################################	-				20.000.000.0000	1200000000000	208.454	751.311	959,766	16,409	976.175
12 12A Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04								983 183	983 183		983 183
13 13A Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								1.723	1.723		1.723
4.4	10/01/03 - 06/30/04 07/01/03 - 09/30/03						 		302 1.065	302 1,065		302 1,065
14A Enhanced SD/MC (Children) P. C.	10/01/03 - 06/30/04								198	198		198
15 Enhanced SDAMC (Children) N. B.	07/01/03 - 09/30/03											
15A Children N. R.	10/01/03 - 06/30/04						straumotuma	and administration	an and the company	and the state of the		en e
16. Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04						 -		983 183	983 183		983 183
17 Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04	-						manana nan			etteranori Temate	100
18 Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19 Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04											
20 Enhanced SD/MC (Refugees) N. R.	(07/01/03 - 06/30/04					AMERICA COLORADO DE PARTO	meta <u>namana</u> a		HORITAGE POPULATION	reservation descriptions		no qualitica è que
21 Total Medi-Cal Gross Reimbursement 21A (Excludes Refugees)	07/01/03 - 09/30/03 10/01/03 - 06/30/04							47.734 208.454	248,777 751,494	296.510 959.949	308 I	296.818 976.358
21A (Excludes Refugees) 22 Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04							200.404	/5/,454	333.658		
datas (International Professional Contract Contract Contract Contract Contract Contract Contract Contract Cont	07/01/03 - 09/30/03					200000000000000000000000000000000000000	::::::::::::::::::::::::::::::::::::::	<u> </u>				<u> </u>
23 Healthy Familles Cost 24 Healthy Familles SMA	10/01/03 - 06/30/04								1,302	1.302		1,302
24 Healthy Familles SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04								2,229	2.229		2.229
A Healthy Families SMA Leathy Families P. C. Healthy Families P. C. Healthy Families N. R.	07/01/03 - 09/30/03											
25A 1 25A	10/01/03 - 06/30/04 07/01/03 - 09/30/03								1,409	1,409		1,409
26A Healthy Families N. R.	10/01/03 - 06/30/04											
764 Peautry Families N. R. 27 Healthy Families Gross Reim.	07/01/03 - 09/30/03					estateaperentia	<u>organisation</u>	440491693000		on appropriate		<u> enterettilapparlan</u> t
Healthy Families Gross Reim.	10/01/03 - 06/30/04					and the second second			1,302	1,302		1,302
Less: Patient and Other Payor Revenue	107/04/02 00/20/02	4		!					2 400	2 450		9 400
28 SD/MC + Crossover Revenue	07/01/03 - 09/30/03 10/01/03 - 06/30/04								3,198 10,243	3.198 10.243		3,198 10,243
29 Enhanced SD/MC (Children) Revenue												
20 Enhanced SD/MC (Refugees) Revenue 21 Healthy Families Revenue		1										
2 Total Expenditures from MAA (Mode 55)	en manager en											
33 Medi-Cal Eligibility Factor (Average)			1									
34 Revenue - MAA	0.Glaggaaaaaaaaaaaaaaaa											
Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03	addused	000000000000					47.734	245,579	293,312	308	293,620
35A 36 Net Due - Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04							208.454	741.251	949.706	16,409	966,115
Net Due - Enhanced SD/MC (Refugees) Net Due - Healthy Families TA	07/01/03 - 09/30/03											
37A	10/01/03 - 06/30/04					nadarak nakhasisa	HIRRO REPUBLI	daga ayan ka	1,302	1,302	BORNOS RARRIA	1,302
Amount Magatinta d Dates Cused Custs	107m4 no 0000 no											
38. SD/MC (Includes Children) 39. Enhanced SD/MC (Refugees) 40. Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04		i i									
9 Enhanced SD/MC (Refugees)												
Healthy Families	07/01/03 - 09/30/03	 	.									
WAI	10/01/03 - 06/30/04	protocological	<u> </u>		(3)(3)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)						<u>, , , , , , , , , , , , , , , , , , , </u>	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

County: Del Norte County Mental Health County Code: 08

Legal Entity: DEL NORTE COUNTY		A	В	С	D	E	F	G	Н	1	J
Legal Entity Number: 00008		Total	Total	Total		50.00%	54.35%	52.95%	¹Variable %	75.00%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County											
County SD/MC Direct Service Gross Reimbursement				1,273,176	1,273,176						
Contract Providers Medi-Cal Direct Service Gross Reimbursement			241,504	156,924	398,428						
Total Medi-Cal Direct Service Gross Reimbursement					1,671,604						
Medi-Cal Administrative Reimbursement Limit					250,741						
5 Medi-Cal Administration					88,641						
6 Medi-Cal Administrative Reimbursement					88,641	44,321					44,321
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross R				1,302	1,302						
7A Contract Providers Healthy Families Direct Servi				.,	,,						
7B Total Healthy Families Direct Service Gross Rein					1,302						
8 Healthy Families Administrative Reimbursement					130						
9 Healthy Families Administration					91						
10 Healthy Families Administrative Reimbursement					91				59		59
SD/MC Net Reimbursement for MAA	SD/MC Net Peimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09					<u> </u>						
2 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
3 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		_									1
CONTROL PROGRAMMENTAL CONTROL	SEPTEMBER PROPERTY PR									25.040	distribution design
					34,465					25,849	25,849
15 Other SD/MC Utilization Review (County Only)											
16 CDAIC Not Brink was need for Direct Services	07/01/03 - 09/30/03			292,636	292,636		159,048				159,048
16A SD/MC Net Reimbursement for Direct Services	10/01/03 - 06/30/04			965,932	965,932			511,461			511,461
17 Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			983	983				639		639
1/A '	10/01/03 - 06/30/04			183	183				119		119
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FF	р Р										741,436
O Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											,,,,,,
1 Total SD/MC Reimbursement (FFP)											741,436
22 Contract Limitation Adjustment	Contract Limitation Adjustment										, 100
23 Adjusted Total SD/MC Reimbursement (FFP)											741,436
Ministra Presidenti della Propositi della Propositi della Presidenti dell	07/01/03 - 09/30/03			PARTHER BASIS PROFILES							REPRESENTATION
24 24A Healthy Families Net Reimbursement			<u> </u>	· 1.302	1,302				846		846
	Total Healthy Families Reimbursement Before Excess FFP			1,302	1,302				340		905
6 Amount Negotiated Rates Exceed Costs - Healthy Families											203
27 Total Healthy Families Reimbursement				100000000000000000000000000000000000000							905
21 HOLD TEAM BY PAHILIES INCHIDUISEMENT										703	